

## Eating habits: knowledge of pregnant teenagers assisted in primary care

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RESEARCH

EATING HABITS: KNOWLEDGE OF PREGNANT TEENAGERS ASSISTED IN PRIMARY CARE

HÁBITOS ALIMENTARES: CONHECIMENTO DE ADOLESCENTES GRÁVIDAS ATENDIDAS NA ATENÇÃO BÁSICA

HÁBITOS DE ALIMENTACIÓN: EL CONOCIMIENTO DE ADOLESCENTES EMBARAZADAS ATENDIDAS EN LA ATENCIÓN PRIMARIA

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ABSTRACT

**Objective:** to understand the eating habits of pregnant teenagers assisted in primary care. **Method:** this is an exploratory study with quantitative and qualitative approach, conducted in the Family Health Units, Cajazeiras-Paraíba, with 24 pregnant teens. In December 2010, through interviews with semi-structured script was conducted the data collection, which, for processing, was used thematic analysis (Bardin, 2009). **Results:** the study evidenced that pregnant teenagers showed some nutritional deficiency, given to the low level of education, the state of development and to financial unavailability. **Conclusion:** the study confirms the need for a differentiated prenatal care to pregnant teenagers, by crossing two phases of development, simultaneously, suggesting valid changes in their health, being necessary effective and efficient care provisions, in order to prevent health and life risks, promote and maintain health and well-being of both mother and child. **Descriptors:** Eating habits; Primary health care; Teenage pregnancy.

RESUMO

**Objetivo:** compreender os hábitos alimentares de adolescentes grávidas atendidas na atenção básica. **Método:** estudo exploratório com abordagem quantitativa e qualitativa, realizado nas Unidades Saúde da Família, Cajazeiras-PB, com 24 adolescentes grávidas. Em dezembro de 2010, por meio de entrevistas com roteiro semi-estruturado, foi realizada a coleta de dados, cuja análise foi subsidiada pela análise temática (Bardin, 2009). **Resultados:** evidenciou que as gestantes adolescentes apresentaram certa deficiência nutricional, atribuída ao baixo nível educacional, ao estado de desenvolvimento e à indisponibilidade financeira. **Conclusão:** o estudo confirma a necessidade de uma assistência pré-natal diferenciada às adolescentes grávidas, por atravessarem duas fases de desenvolvimento, simultaneamente, sugerindo mudanças vigentes na sua saúde, sendo necessárias medidas de cuidado efetivas e eficazes, a fim de prevenir riscos à saúde e à vida, promover e manter a saúde e bem-estar do binômio mãe-filho. **Descritores:** Hábitos alimentares, Atenção primária à saúde; Gravidez na adolescência.

RESUMEN

**Objetivo:** comprender los hábitos de alimentación de las adolescentes embarazadas atendidas en la atención básica. **Método:** estudio exploratorio con abordaje cuantitativo y cualitativo, realizado en las Unidades de Salud de la Familia, Cajazeiras-Paraíba, con 24 adolescentes embarazadas. En diciembre de 2010, por medio de entrevistas con guión semi-estructurado, fue realizada la recolección de datos, cuyo análisis fue subsidiado por el análisis temático (Bardin, 2009). **Resultados:** evidenció que las adolescentes embarazadas presentaron cierta deficiencia nutricional, atribuida al bajo nivel educacional, al estado de desarrollo y a la indisponibilidad financiera. **Conclusión:** El estudio confirma la necesidad de una asistencia pre-natal diferenciada a las adolescentes embarazadas, por atravesar dos fases de desarrollo, simultáneamente, sugiriendo cambios vigentes en su salud, siendo necesarias medidas de cuidado efectivas y eficaces, a fin de prevenir riesgos a la salud y a la vida, promover y mantener la salud y solaz del binomio madre-hijo. **Descritores:** Hábitos de alimentación, Atención primaria a la salud, Embarazo en la adolescencia.

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INTRODUCTION

Food and nutrition are essential requirements for disease prevention, promotion and restoration of health and, above all, for the maintenance of life. Within the normal healthy eating includes a balanced and varied diet. The chosen diet should have balanced amounts and harmonized among the different food groups to avoid increase or decrease undesirable and evil, of body mass, whereas the risks of different nutritional categories surround the entire life cycle of the human being, since conception to senescence.

It is known that the growth of man takes place irregularly, divided into stages, resulting in variations in options and dietary needs, based on age and food preferences, which are strongly influenced by the culture and habits acquired. Childhood growth is considered relatively uniform and, subsequently is suddenly changed by elevation in its speed.<sup>1</sup>

The adolescent is considered a stage of sudden changes in growth, triggering special dietary needs, so it is considered vulnerable and challenging for several reasons: sudden increase in physical growth and development, which raises the nutritional demand, intake and nutrient needs affected because of change in lifestyle and eating habits, and there may be a need for special nutrients, associated with participation in sports activities, pregnancy, diet and excessive use of alcohol and drugs or other situations.<sup>2,3</sup>

In short, adolescence encompasses biological components (puberty), emotional (adapt the body changes with family relationships and other) and sociocultural (search for adult identity) that interfere with eating patterns and nutritional needs.<sup>4</sup>

There is a consensus that adolescence is a transition phase;the pregnancy, too. Demands J. res.: fundam. care. online 2013. out./dez. 5(4):661-70

occur in both development and growth. In the face of these demands, teenage pregnancy installed overloads the woman's body, and therefore considered nutritionally at risk, because the life of the mother and the fetus can suffer injuries. These risks are not only nutritional, but also other biological hazards, such as eclampsia, which can result in maternal death, as well as psychosocial, depending on the circumstances in which the pregnancy occurred. There are also risks to the newborn, such as prematurity, and others that can happen in the medium to long term.<sup>5</sup>

It is common for pregnant teenagers presenting diverse eating habits and less favorable to the maintenance of health. Therefore, the approach to nutritional issues proved useful in the recognition of dietary patterns of specific groups, subsidizing nutritional assistance to promote the health of these groups.<sup>6</sup> In view of this, we need a supply that meets the dietary needs that these overlapping phases (pregnancy and adolescence) are increased.

The increase in the number of teenage mothers, called rejuvenation of fertility, is a fact that has drawn the attention of researchers in recent decades. Usually considered to be women between 15 and 49 yearsold, exposed to the risk of childbearing. However, research has shown that, in the girls 10-14 years old, early motherhood is becoming a common experience. Through this view, the Brazilian Institute of Geography and Statistics - IBGE, from Census 1991, has investigated the fertility of women aged 10 or older.<sup>7</sup>

Thus, it is increasingly growing number of teenage pregnancies. Underscoring that, often, teenage pregnancy is linked to unfavorable socioeconomic factors, where there is lack of information and family instability, affective and psycho-emotional.

The lack of information or a concern with physical appearance, this group, and hinder or prevent the intake of healthy foods that meet the nutritional needs of both mother and child. Against this problem, we realized the importance of working with this group, because the bad eating habits reflect on body image in the functioning of the body and fetal development.

The most propitious to investigate this supply is the nutritional monitoring of pregnant women in prenatal care, which has as main objectives to know the nutritional status, identify risk factors, and from the findings, outline treatment plans as prophylactic measures in to correct the deficiencies found and prevent complications arising.

It is known that the primary health care, especially prenatal care, is relevant, aiming to solve the health problems of the population served. Thus, the qualified prenatal care can prevent, minimize and resolve problems arising from adolescent pregnancy through a factor that should be closely monitored during this period, food consumption.

Based on these, this study aimed to understand the eating habits of pregnant adolescents seen in primary care. And specific objectives, from teenage pregnancy: identify food items that positively influence pregnancy; ascertain the knowledge of adolescents regarding food consumption and its influence on the course of pregnancy and to identify possible pregnancy complications triggered by poor diet.

METHODOLOGY

This is an exploratory study, with a quantitative and a qualitative approach, performed in the city of Cajazeiras-Paraíba, a city located in the hinterland of Paraíba, which has a population of 58.437 inhabitants<sup>8</sup>. In health, this municipality has 16 Units of Family Health - USF J. res.: fundam. care. online 2013. out./dez. 5(4):661-70

distributed in urban and rural areas. The USF surveyed were from the urban area, with a total number of 14 units.

The number of pregnant adolescents enrolled in USF's urban area was 68, according to data provided by Information System for Primary Care (SIAB).<sup>9</sup>The participants were 24 adolescents, because during the data collection some pregnant women had been transferred from the municipality, other changed address, ignored by the health team that accompanied, and some had already calved.

The research project was approved by the Ethics Committee on Human Research of the Faculty Santa Maria/PB/Brazil as opinion n.: 0520408/2010.

Through home visits, the data collection was carried out in an interview, using a semi-structured script, composed of objective and subjective questions about dietary habits, influence of nutrition during pregnancy and social habits. The interview was conducted after signing the Informed Consent Form (ICF) by the research participants, and highlighted the aspects of autonomy, secrecy and confidentiality of data.<sup>10</sup>

In the descriptive analysis the objective questions were addressed quantitatively and presented in tables, and the subjective handled through content analysis, in its mode of thematic analysis, developed by Bardin<sup>11</sup>, which calls for the seizure of common aspects related to most participants associated with each theme.

The first step for the organization of the material was transcribing the interviews for a book of record, resulting in text. In this transcript, the study subjects were categorized in speeches by encoding Ent.1 to Ent. 24, following the interviews, in order to preserve anonymity.

From the resulting texts of the interviews, the following themes emerged, which were discussed in light of the literature on thematic

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focus of this research: Food habits of pregnant teenagers; Knowledge of adolescents about the influence of food on the course of pregnancy, complications of pregnancy triggered by poor diet.

RESULTS AND DISCUSSION

In Table 1 are the main sociodemographic characteristics of pregnant adolescents studied, who underwent prenatal in UBS's.

Regarding the education of the respondents Table 1 reveals that 79,3% had elementary school Incomplete, 12,5% had incomplete secondary education, and at the time of the survey, no studying. Study reveals that adolescents with higher levels of education are less prone to unwanted pregnancies and becoming pregnant and / or join maritally a young age are more likely to drop out, thus hindering the return to the university.<sup>12</sup>

In relation to marital status 29,2% were single, while 62,5% had stable relationship. Marriage is no longer a constant practice today. To the uneducated and less than 1 year of study, the wedding happens on average at 24 and at 26 years old, for those with 11 or more years of study. In Brazil, until the late nineteenth century the pattern of household formation among young people was 12-16 years old. However, to the extent that fertility was falling, the average age of marriage was advancing.<sup>8</sup>

Table 1 - Sociodemographic data of pregnant adolescents. Cajazeiras, PB. In 2011.

Variables		f	%
Scholarity			
Notliterate		1	4,1
Incomplete	Elementary	19	79,3
School			
Complete	Elementary	1	4,1
School			
Incomplete	High School	3	12,5
Marital Status			
Single		7	29,2
Married		2	8,3
Stable Relationship		15	62,5
Family Income			
1 minimum wage		20	83,3

1-2 minimum wages	3	12,5
More than3 salaries	1	4,1
Residents per household		
Upto4residents	18	75
5or more residents	6	25

Source: data survey.

In Table 1, we see that the highest concentration of family income was in the range 0-1 minimum wage, with 83,3% and 4,1% more than 3 minimum wages. The data (household income x number of residents) show that 75% of households behaved up to 4 residents and 25% had 5 or more members. According to family income of investigated, it is assumed that these households where they lived more than 5 people, there was decent food. The unfavorable socioeconomic conditions cause negative health outcomes of the population, therefore, the higher the income, the greater purchasing power and access to a varied diet.<sup>2</sup>

As for housing, it was found that the homes were modest and masonry, most homes had water from the public supply, although not always within your home. Just over half of the households had sanitary sewer connected to the public; most participants treated water for consumption; septic tank existed in half of the households.

Foods that have a positive influence on pregnancy

At the present stage we tried to check the foods consumed by the women and they considered healthy in pregnancy, with the function of nurturing maternal and fetal tissues, and prevent complications developed by inadequate food intake.

As the composition, foods are classified as carbohydrates, fats, proteins, vitamins and minerals. As for function, are classified into energy (carbohydrates and fats), builders or plastics (proteins), regulators (minerals and vitamins).<sup>1,4</sup>

Table 2 presents a summary of the



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responses of pregnant teens interviewed the question: What foods are required to have a healthy pregnancy?

It can be seen that 96% cited rice in the food group energy; the builders, beans, milk and meat were cited by 96%, 92% and 87, 5%, respectively; and the regulators, 96% cited the fruits and juices.

**Table 2** - Food required for healthy pregnancy, according to the interviewees. Cajazeiras, PB. In 2011.

Food*	f	%
<b>Energetics</b>		
Bread	6	25,0
Rice	23	96,0
Cake	14	58,0
Popcorn	3	12,5
Ice Cream	5	21,0
Candiesandsweets	5	21,0
Snacks	3	12,5
Soft Drinks	8	33,3
Coffee	9	37,5
<b>Constructors</b>		
Yogurt	12	50,0
Meat	21	87,5
Beans	23	96,0
Milk	22	92,0
Eggs	19	79,2
<b>Regulators</b>		
Fruits or Juices	23	96,0
Fruit salad	20	83,0

Source: Research data.  
\* The respondents had more than one answer per item.

Although no objective of this research, the answers presented in Table 2 reveal, between the lines, eating poorly suited for a pregnancy, either by lack of knowledge about the food or the food of poor nutritional intake for various reasons, highlighting the precarious financial condition of the interviewees and also poor eating habits adopted by adolescents in general.

This assumption is rooted in the fact that they did not mention vegetables, fiber-rich regulators, necessary for the proper functioning of the intestine.<sup>4,13</sup> Moreover, the food items were J. res.: fundam. care. online 2013. out./dez. 5(4):661-70

little varied, and cited among the responses appeared cake (58%), coffee (37,5%), soft drink (33,3%), popcorn (12,5%), ice cream (21%) and candies and sweets (21%), which are not considered healthy because they are sources of carbohydrates, saturated fats and cholesterol, among others.

During pregnancy there should be no excess of calories, total fat, saturated fat, cholesterol, sugar and sodium in the diet. A high intake of carbohydrates contributes to the onset of obesity, gestational diabetes and toxemia.<sup>14</sup>

The results of this survey are similar to those of a study conducted in the city of Rio de Janeiro, where the teenage mothers had during pregnancy, frequent consumption of soft drinks, sugar, French fries and snacks.<sup>15</sup>

Research shows that inadequate intake of nutrients is related to maternal age adolescent, that among the younger than 15 years old the frequency of consumption of less nutritious foods was higher compared to older than 15 years old.<sup>13</sup> Regarding the consumption of nutrients, in general, have been referred to changes in the pattern of supply of Brazilian urban population in recent years, highlighting the increased consumption of meat, dairy, refined sugar and soft drinks and the decrease of vegetables and fruits in diet.

**Eating habits of pregnant teens**

When evaluating the perception of pregnant women about proper nutrition, referred to the 02 healthy and 09 reported that they had diversified diet, as shown in the statements of the interviewees 5 and 12.

*"Me Food so healthy, it is important for the normal functioning of the body." (Ent. 5).*

*"Like enough fruits, vegetables, beans, and a bit of everything, especially bean broth and couscous" (Ent. 12).*

Thus, it was found that 11 respondents to

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the food intake was favorable for nutrition education and maternal/fetal, minimizing the risk of a problem pregnancy.

A healthy diet is that there is a balance and at the same meal provides at least one food from each group, just so we can all the nutrients that our body needs to live in harmony. It is proven in research that good nutrition plays a key role in the prevention and treatment of diseases.<sup>16</sup>

In return were met 5 women who did not have healthy eating habits, which can be seen in the words of the respondents 3 and 06, then.

*"I eat a lot, as I like sandwiches and the amount they want, because as two" (Ent. 03).*

*"My power is made up of pastries, pizza, sandwiches, and cookies as well as rice and beans, because I know what it takes" (Ent. 06).*

The modern eating "fast food" are harmful to health if eaten in large quantities, but it is what most people prefer to be more tasteful and practical. What you have to do is to rescue healthy eating habits own Brazilian food. Beans are one of the elements of redemption for its content rich in fiber, folic acid and iron, and is recommended at all stages of life, especially in pregnant women.<sup>1</sup>

The occurrence of inadequate food intake in Brazilian adolescents is common, since much of this public reports having a diet with excess sugars and fats. The consumption of this group is high in carbonated beverages and foods high in sugar, as well as the preference of snacks being with crackers.<sup>2</sup>

There was little variation in the daily menu of pregnant adolescents, occurring situations where all meals were nearly equal, both in type and in the amount of food consumed. In principle, one can expect that pregnant adolescents have inadequate food, in quantity and quality, if one takes into account only the issue of family income. However, despite the influence of family J. res.: fundam. care. online 2013. out./dez. 5(4):661-70

income, food habits, knowledge about food and nutrition also influence the choice and composition of the daily diet, especially on a stage as delicate as is pregnancy.

During pregnancy you should not feed two, as mentioned by the interviewee 03. This habit contributes to the emergence of problems maternal/fetal. You should instead, eating for two, suiting mainly to lower nutritional quality and quantity, especially considering that, from the second trimester of pregnancy, a woman needs about 300 extra calories per day.<sup>13</sup>

A pregnant woman, who gained excess weight and exceeded the normal Body Mass Index BMI for your height and weight, should be ingesting high amounts of foods with high nutritional value and can hinder the normal course of their pregnancy. So, you should avoid eating these foods, and without even enjoy a varied diet and should strive to eat foods as diverse as possible, to acquire all the supplies needed by the body, and thus improve their well-being and weight gain, fetal consequently the formation and prevention of certain diseases characteristic of this phase, and the prenatal consultations held by the nurse, an occasion for the accomplishment of this nutritional counseling.<sup>16</sup>

#### **Knowledge of adolescents about the influence of food on the course of pregnancy**

On being asked about the influence of food on the course of pregnancy and how was their behavior/feeling while feeding, 18 interviewed demonstrated knowledge of their charge for the nourishment of the fetus as well as the importance of food for the healthy growth and development of this; highlighting the placenta is responsible for the nutritional function. This fact is illustrated in the words of the respondents 07, 19 and 22, as follows:

*"What I feed, passes it through the placenta, so I am responsible for its formation"*

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(Ent. 07).

*"If I have to eat healthy foods to the baby being born and growing strong (Ent. 19)*

*"If the mother to feed the child is born and nurtured and have a good education" (Ent. 22)*

One of the most important for healthy pregnancy nutrition is because pregnant women who eat properly and reduce the risks and are less likely to have complications during pregnancy and childbirth. Babies well-nourished during training tend to be born with weights most appropriate and be more healthy.<sup>16</sup>

Nevertheless, it was realized by the speeches of 09 interviewed a certain resistance to some foods, claiming feel discomfort, as illustrated in the words of the respondents 21 and 24.

*"Power influences in a healthy pregnancy, but I do not feel right food because I want to vomit" (Ent. 21).*

*"Not like certain foods because I'm eager to vomit, there start to be sick (Ent. 24).*

Nausea and vomiting are common during early pregnancy and tend to disappear between the 16<sup>th</sup> and 20<sup>th</sup> weeks of gestation. Pregnant women who experience these problems should be directed to the appropriate care in the treatment of nausea and vomiting, explaining to them the importance of engaging in self-care action, not to evolve to other complications.<sup>2,5</sup>

For conducting dietary changes is first necessary to know about what is necessary to eat to have a healthy <sup>16</sup>. Knowledge is the basis for people to change, and its relationship with the attitude is the way to good food practices.

The "state of the art" of nutritional assessment programs aimed at changing eating behavior, points to the need for the use and interaction models of social cognitive theory and professional training to acquire technical skills in order to motivate people in achieving the J. res.: fundam. care. online 2013. out./dez. 5(4):661-70

desirable changes.<sup>17</sup>

Thus, the educational process should include exchange of information and experiences, in order to raise awareness to develop critical judgment, and the ability to act on their lives.<sup>18</sup> There is no change in behavior, if not deemed important. So, educative practices must be based on the integration of models applied in the organizational context, environmental and personal.<sup>17</sup>

### **Pregnancy complications triggered by poor diet**

In an attempt to investigate the perception of the study group with respect to pregnancy complications arising from an unbalanced diet, patients were questioned about it. By the speeches of all pregnant women found to be attributed to the unbalanced diet the possibility of the appearance of complications gravidic, according to the words of the respondents 03, 06, 17 and 21.

*"A poor diet impairs the formation and weight, causing the baby to be born malnourished" (Ent. 03).*

*"If I do not eat right the baby is born premature" (Ent. 06).*

*"A poor diet during pregnancy can bring diseases not only for the mother but also for the baby" (Ent. 17).*

*"One of the biggest problems caused by poor nutrition, which affects women during pregnancy is eclampsia" (Ent. 21).*

The gestational problems arising from poor nutrition affect both mother / fetal compromising growth and development. Babies who are in the process of training, showed nutritional deficiency are children more prone to health problems. In addition, many diseases can affect women in this period.<sup>19</sup>

During pregnancy the hormonal action reaches the woman's body, and if the mother does the use of a poor diet, eating low nutritional



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content, a number of problems can be triggered: constipation, edema, gestational diabetes, pregnancy-induced hypertension, prematurity, low birth weight infants, pre-eclampsia, eclampsia and their complications. Thus, the adoption of a proper diet is essential to ensure the pregnant woman and her baby the nutrients needed for this important stage of life.<sup>19</sup>

The anatomical, physiological and metabolic changes that occur during pregnancy, nutritional needs increase. Considering the stage of adolescence, these demands are superimposed. If the needs are not met, the training and the weight of the fetus will not achieve much success and may be born with low birth weight, premature, or susceptible to infections and potential risk of mortality.<sup>2,5,13</sup>

However, the disease that most causes perinatal morbidity and mortality in pregnant women is eclampsia. Its etiology is unknown, but it is attributed to intrinsic and extrinsic factors. The intrinsic are related to age, heredity, and extrinsic factors are mostly related to food intake, dietary protein and calcium insufficient. Moreover, it can be due to the high salt content in food.<sup>20</sup>

Thus, the professional accompanying the pregnant prenatal cannot fail to address the nutritional and dietary habits, especially when it comes to teen pregnancy.

CONCLUSION

The knowledge of the development of pregnancy and the functioning of the body, as well as care needs to supply the demands is crucial for the actual engagement in care measures, by the clientele.

Through this study it is clear that pregnant teenagers prenatal monitoring in the municipality of Family Health Units in Cajazeiras - Paraíba have some nutritional deficiency, given the low level of J. res.: fundam. care. online 2013. out./dez. 5(4):661-70

education, the state of development and the unavailability and inadequacy of financial resources. These factors may hinder the supply of their nutritional needs, maternal and fetal, and favor the birth of underweight children.

Considering the overlapping crises vital, the pregnant teenager goes through several changes, causing some demands that must be met and matched, so that the welfare and health are promoted and maintained. In this sense, the professionals that accompany prenatal should keep in mind that it requires recommendations and care for the pregnancy comes to term in order to prevent prematurity and / or risks to their health and that of the fetus.

Thus, practitioners should not underestimate the ability of the pregnant teen has to perform care measures for their own benefit, from knowledge of the care needs for the maintenance and promotion of health and the prevention and treatment of complications.

This study confirms the need for a differentiated prenatal care to pregnant adolescents, since these clients through two phases of development simultaneously, suggesting changes in your current health measures are needed for effective and efficient care in order to prevent risks health and life, promote and maintain health and well-being of both mother and child.

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